

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F04000001903

1. Entity Name
THE LEAGUE OF CONSERVATION VOTERS EDUCATION
FUND, INC.



Principal Place of Business
1920 L STREET, NW, SUITE 800
WASHINGTON, DC 20036

Mailing Address
1920 L STREET, NW, SUITE 800
WASHINGTON, DC 20036

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
52-1379661

Applied For:
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DIAZ, SANDRA
1331 PALMETTO AVENUE, #201
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent

Name Shirin Bidel-Niyat
Street Address (P.O. Box Number is Not Acceptable)
1326 Palmetto Ave.
City Winter Park FL Zip Code 32174

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

2/13/06
DATE

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CALLAHAN, DEBRA 1920 L STREET, NW SUITE 800 WASHINGTON, DC 20036 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEARDOURFF, JOHN 1920 L STREET, NW SUITE 800 WASHINGTON, DC 20036 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAYES, DENIS 1920 L STREET, NW SUITE 800 WASHINGTON, DC 20036 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ROBERTS, WILLIAM 1920 L STREET, NW SUITE 800 WASHINGTON, DC 20036 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC POLLACK, LANA 1920 L STREET, NW SUITE 800 WASHINGTON, DC 20036 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Rodger O. Schlicker 1920 L Street, NW, Suite 800 Washington, DC, 20036 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Gene Karpinski 1920 L Street, NW, Suite 800 Washington, DC 20036 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	General Counsel Barbara G. McIntosh 1920 L Street, NW, Suite 800 Washington, DC 20036 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Barbara G. McIntosh

2-28-06

202-454-4577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
06 APR 11 AM 8:06
TALLAHASSEE, FLORIDA



02012006 REIN-NP GR2E099 (11/05) 05-06